



**Leave Request**

\_\_\_\_\_  
Badge ID

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
L code

\_\_\_\_\_  
Work Phone

**LEAVE PERIOD:**

Starting: \_\_\_\_\_

Through: \_\_\_\_\_

Total Number of Days: \_\_\_\_\_

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**Please FAX this Form to: (925) 960-0371 or L-Code it to: L-505**

V = Vacation	COMMENTS:
H = Holiday	
S = Extended Sick Leave	
B = Bereavement	
R = Regular Day Off	
J = Jury Duty	
M = Military Leave	
L = Leave Without Pay	

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
University Approver\*

\_\_\_\_\_  
Date Forwarded

\* University Approval is signifying that operational requirements permit the leave. JCWS must approve all leave.

***DISTRIBUTION: Original to JCWS, Copy to University Approver, and Copy to Employee***